

**REGISTRATION FORM**  
**UTAH DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**  
**CRISIS COUNSELING TRAINING CONFERENCE**

*DELIVERING BEHAVIORAL HEALTH CARE IN DISASTER, MASS CASUALTY AND BIOTERRORISM EVENTS  
TRAINING FOR HOSPITAL WORKERS AND PROVIDERS SERVING PEOPLE WITH DISABILITIES AND THE ELDERLY*

**OCTOBER 31, 2005**  
**SHERATON CITY CENTRE HOTEL – SALT LAKE CITY**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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HOME ADDRESS
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CITY	STATE	ZIP
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ORGANIZATION	TITLE/DEGREE
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BUSINESS ADDRESS
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CITY	STATE	ZIP
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TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER

EMAIL ADDRESS (REQUIRED for receipt of registration confirmation)
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Hotel Accommodations will be provided for participants outside the Wasatch Front with prior approval.  
Please contact Claudia Whitney at 801-538-4688 for approval and arrange reservation.

Hotel Accommodations    ☐ Yes       ☐ No

Do you need a vegetarian meal?    ☐ Yes

**CANCELLATION POLICY:** Registrants will notify DSAMH in writing by fax or e-mail, of registration cancellation by **October 17, 2005**. No-shows will be assessed expenses.

**MAIL, E-MAIL OR FAX REGISTRATION FORM TO:**  
CLAUDIA WHITNEY, DSAMH, 120 N 200 W ROOM 209, SALT LAKE CITY, UT 84103  
PHONE (801)538-4688 FAX (801)538-9892 EMAIL: clwhitne@utah.gov

**REGISTRATION DEADLINE: OCTOBER 14, 2005.**